Attachment "B"

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I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.

- B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

## 15. Signature 🗸

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#### 16. Date 2/27/2017

17. Name	JOHN HUGHES	19. Phone Number	( 919 ) 968 - 4332 ext.
20. Address 1	CONSULTANT 1829 E Franklin Street	19a. Fax Number	( 919 ) 929 - 9074 ext.
Address 2	Suite 800E	19b. Email 19c. Name of Authorized	john@newhopetech.org  New Hope Foundation
City	CHAPEL HILL	Person's Employer	,
Zip Code	27514 -		

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i. Contact Telephor	ne Phone (	919 ) 968	- 4332 ext				
Contact Fax		(919) 929	9 - 9074				
Contact Email		john@newh	nopetech.org				
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#### 16. Date 2/27/2017

17. Name 18. Title/Position 20. Address 1 Address 2 City State Zip Code	JOHN HUGHES  CONSULTANT  1829 E Franklin Street  Suite 800E  CHAPEL HILL  NC  27514	19. Phone Number 19a. Fax Number 19b. Email 19c. Name of Authorized Person's Employer	( 919 ) 968 - 4332 ( 919 ) 929 - 9074 john@newhopetech.org New Hope Foundation	ext.
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Address 2 City	Suite 800E CHAPEL HILL	19b. Email 19c. Name of Authorized Person's Employer	john@newhopetech.org  New Hope Foundation
State Zip Code	NC 27514 -		

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